ALCOHOLISM PROGRAMS IN INDUSTRY
AN ALBERTA SURVEY

Alberta
WORKERS' HEALTH, SAFETY
AND COMPENSATION

ALCOHOLISM PROGRAMS IN INDUSTRY

AN ALBERTA SURVEY

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The Medical Services Branch, Occupational Health and Safety Division, is pleased to have sponsored the production and publication of this report.

It is hoped that this study will increase awareness of occupational alcoholism, and stimulate programs to assist in its identification, treatment and prevention.

The views expressed in this study do not necessarily represent those of the Occupational Health and Safety Division, Alberta Workers' Health, Safety and Compensation.

Requests for copies of this study should be forwarded to:

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EXECUTIVE SUMMARY

This study examined the alcohol abuse identified and treatment programs existing in a cross-section of Albertan industries.

A questionnaire survey was conducted on one thousand industries to determine their knowledge and views about alcoholism in industry and the existence or otherwise of a program in their company. Five hundred and seventy-six responded of whom thirty-three were later interviewed in some depth.

Personnel from Occupational Health and Safety Division visit worksites on a regular basis and it was of interest to this study to determine if there was a role they could play in the identification of alcohol problems and the instigation of programs.

The responses showed that awareness of problems (potential or exiting) varied from one type of industry to another. Size of company was also a factor, the larger companies generally being more aware than the smaller ones. Knowledge about identification, treatment and sources of help for industry, in relation to those suffering from alcoholism was lacking in most respondents to this survey. Although programs to identify and treat alcoholics in industry were thought by two hundred fifty-seven (45.2% of those responding) to be beneficial, only seventy actually had such programs.

Most of the companies interviewed did not keep records of the number of people identified as having a problem, treated, rehabilitated or dismissed; those numbers that were quoted were mostly from memory.

The overall conclusion reached in this study is that there is a general lack of knowledge about alcoholism and drug abuse; how it can be dealt with at work, and what sources of help are available both to victims of the disease and to people trying to help them.

Many responses, both written and verbal, indicated that information about resources available and the problem in general would be well received.

The role and availability of the Alberta Alcohol and Drug Abuse Commission was unclear to the majority of respondents. Help and advice from the Alberta Alcohol and Drug Abuse Commission and other government departments, mainly Workers' Health and Safety, was stated to be acceptable to most, as long as no legislation was involved. It would seem that there is a strong need for information and education to be made available to industry, to assist them in the identification and referral of employees with problems.

Recommendations Arising From This Study

1. A.A.D.A.C. should launch a high visibility program aimed specifically at industry (management, labour and workers).
2. Information packages should be prepared outlining the types of problems, methods to deal with them and sources of help available, for distribution to all industries. These packages should emphasize the benefits of early problem indentification and the availability of treatment.
3. Those companies that are unionized should be encouraged to involve the union in planning and implementation of worksite programs.
4. Where appropriate, Joint Worksite Safety and Health Committees should be involved in program planning.

5. Notwithstanding 3 and 4, employees must be assured of the confidentiality of personal information.

6. Occupational Health and Safety Officers of the Occupational Health and Safety Division should be informed of the contents and availability of the packages mentioned in 1 above so that they may disseminate the information while on worksite visits. Inservice information sessions should be provided by experts, for appropriate division staff.

7. One person within the Occupational Health and Safety Division should be responsible for inservice training, and liaison with helping agencies. This person should be knowledgeable about and experienced in employee assistance programs at all levels.

ACKNOWLEDGEMENTS

My thanks are due to my project advisor Dr. R.G. McIntosh for his help and unfailing good humour; to Dr. J.I. Cheng for his support and for granting me the time to complete this project; to Harlan James for his invaluable help; to the secretarial staff for their work on the successive drafts, to Caroline Lanigan for help with producing the graphs, and last but not least, to those people who took the time from their busy schedules to complete the questionnaire and to be interviewed.

BIOGRAPHICAL NOTE

Elizabeth Butler is a Registered Nurse in the United Kingdom and in Alberta, posseses a certificate in Midwifery and Occupational Health Nursing, and a Diploma in Nursing with a Major in Occupational Health Nursing from the University of London, England.

Since emigrating to Canada in 1969, she has obtained a Bachelor of Science in Practical Arts, and this study was completed as the final requirement for a Masters in Educational Administration at the University of Alberta.

Elizabeth has worked in a variety of Occupational Health Nursing positions in many different types of industries both in the United Kingdom and Alberta. Her present position is as the Manager of Occupational Health Nursing Services and Special Programs with Workers' Health and Safety, Government of Alberta.

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DEFINITIONS

Alcohol Abuse[1]: "A generic term, applied to the misuse of alcohol, which is manifested in one or more alcohol-related problem or alcohol-related disabilities."

Alcoholism[2]: A chronic disease manifested by repeated drinking that produces injury to the drinkers' health, or to his social or economic functioning.

Alcoholic[3]: A person who consumes a large quantity of alcohol over a period of years; has abnormal repetitive loss of control over drinking, shown by inability to refrain or stop drinking; and chronic damage to physical health or social standing caused by drinking.

Alcohol-Related Disabilities[4]: "An impairment in the physical, mental or social functioning of such a nature that it may be reasonably inferred that alcohol is part of the causal Nexus determining that disability."

Problem Drinkers[5]: A term applied to those who demonstrate problems in relation to drinking alcohol. These problems may vary from minor social, or occasional physical symptons, to harmful aggression.

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(1),(3),(4),(5) U.S. Department of Health, Education and Welfare. Third special report to the U.S. congress on alcohol and health, DHEW Publication, No. 79-832, Washington, D.C., 1978.

(2) Subcommittee of the Committee on Public Information (Ed.). A Psychiatric Glossary, American Psychiatric Association, 1975, Washington, D.C.

PURPOSE AND OBJECTIVES OF STUDY

To examine the drug and alcohol abuse identification and treatment programs existing in Albertan industry and to determine if there is a role which Worker's Health and Safety could play to expand or support these.

OBJECTIVES

1. To survey a cross section of industries to determine the number with alcohol abuse programs.
2. To determine the case detection rate for the programs.
3. To determine the success rate of the programs.
4. To identify the characteristics of the administrative structure of companies with alcoholism programs.
5. To prepare a report which will include recommendations based on the findings of the study.

Chapter I

INTRODUCTION

First the man takes a drink,

Then the drink takes a drink,

Then the drink takes the man.

Japanese proverb

Some of the earliest recorded history of mankind mentions the use of alcohol. In 2000 B.C. beer was the national drink of the Egyptians. The Old Testament mentions that one of the first things Noah did after the flood was to plant a vineyard (Genesis IX:21) but even he "drank of the wine and was drunken" (IX:21).

The reason why one person becomes an alcoholic and another does not is still not known. Theories ranging from moral weakness to metabolic imbalance have been suggested but never proven. However, the effect of excessive use or abuse of alcohol on individuals, their families and their work is known. The term "half-man" has been used (Henderson, 1953) to mean the person who, although not an obvious alcoholic, is performing at half his potential. The earlier intervention can be made in the drinking cycle, the better chance there is of returning the sufferer to a happy, healthy, productive life. The literature suggests that the best place for this intervention is at the workplace where some pressure can be placed on the worker before too much deterioration has taken place. (N.I.A.A.A., 1972)

Casual observation of the situation in Alberta leads one to think

that the majority of companies have no alcohol policy and that in those companies with a program the administrative responsibility in many cases is unclear with many different types of people having responsibility for the program. Apart from the tragic loss of human potential there are other more mundane effects of the misuse of alcohol on work (absenteeism, poor performance, and potential danger to others).

Of the 109,414 industrial acccidents recorded in Alberta during 1979, seventy were fatal. Fifteen of these were known to involve the use of alcohol, and three the use of drugs (Workers' Compensation Board, 1979). The use of drugs and alcohol in the other accidents and their implication in the causation can only be speculated upon.

Many questions remain unanswered about alcoholism in Alberta industries, some of which are:

—what level of awareness exists regarding identification, referral and treatment methods, or even to the existence of a problem?

—are there industrial programs in existence to deal with alcohol problems?

—is there a need for help and/or information to be provided to workers or employers? If so, what type?

—who should provide information and how should it be provided?

The Minister of Workers' Health, Safety and Compensation is responsible for the activities of the Workers' Compensation Board (WCB) and of the Occupational Health and Safety Division (OH&S). The three main functional areas of OH&S Division are Occupational Health Services, Work Site Services, and Research and Education. Personnel from all

branches visit worksites to inspect, enforce regulations, investigate health and safety hazards, provide advice and educate. Because the Division's staff visit worksites on a regular basis, do they also have a role to play in alcohol problem identification? If so, what would be an appropriate role? The Alberta Alcohol and Drug Abuse Commission is the main agency charged with the treatment and prevention of drug and alcohol abuse in Alberta; however they have limited funding and staff with which to cover the needs of all Albertans.

The OH&S Division has as its policy

> To prevent work related accidents and ill health and to promote occupational health and safety.

Should this be expanded to include the problems of substance abusers and their employers?

This document reports the results of a policy study undertaken in an attempt to answer the questions posed in this chapter.

Chapter II

LITERATURE REVIEW

The scope of the literature review was delimited in this way: the problem of the alcoholic in industry, the programs that have evolved to deal with the problem, the effectiveness of programs, and some of the problems which still exist.

The Alcoholic in Industry

Alcohol impairs efficiency, mental as well as physical, and affects the work of others (Trice and Roman, 1976-'79). This loss of productivity is borne directly by the employer in the form of such items as loss of skilled manpower, recruiting and training costs, on and off the job accidents, absenteeism, and spoiled materials (Archer, 1977; Von Wiegand, 1972). In view of these losses it is surprising how few companies have alcoholism programs for their employees. Some of the other problems that exist concern the type of person with the drinking problem. The stereotype is of the "skid row bum"; however, Archer (1977) states that of the nine million alcoholics in the U.S.A. only 5% can be classed as "skid row". The remainder come from all levels of society. According to Schramm, Mandell and Archer (1978), company programs have a tendency to produce treatment populations of up to 80% low status blue collar workers. Because upper class alcoholics tend to see low class alcoholics as "deviants from the American values of achievement, success, cleanliness and material possessions" (Trice and Beyer, 1977), they are much less likely to take part in company programs.

Popular folklore maintains that certain occupations promote heavy drinking and therefore alcoholism. However, Von Wiegand (1972) says there is no evidence to support this and gives his opinion that certain types of work attract alcoholics for reasons such as high labour turnover, little or no checking of references, and little direct supervision. Examples of such occupations include bartending, dishwashing, construction, retail sales, and sea faring.

Magnitude of the Problem

Various estimates have been given of the number of alcoholics in industry. Trice and Roman (1976) stated 3-5% of the work force in any organization has a problem with alcohol. Von Wiegand (1972) quotes a 1968 figure of 5.3%. More recent figures (Health and Welfare Canada, 1978) are 3.5 - 7% and the latest (1981) report from this source gives a figure of 10%. All these figures are based on the Jellinek Formula which infers the probable number of alcoholics from the total deaths due to cirrhosis of the liver, which is generally thought to underestimate the problem. The alcoholic worker can be found at all levels and in any type of industry and is responsible for much loss of productivity, yet the idea of industry-sponsored programs to address the problem has been slow in gaining acceptance.

Evolution of Programs

The classic belief was that an alcoholic must reach 'the bottom' before he would accept help. Conventional treatment programs waited for the alcoholic to come to them for assistance. Programs in industry can intervene much earlier and have better treatment results (Dupont and

Basen, 1980; Archer, 1977; Schramm, 1978). The early programs placed heavy emphasis on the supervisor recognizing the signs and symptoms of alcoholism and confronting the worker with this. Even as late as 1977 the Federal Government publication "Alcoholism - A Guide for Public Service Managers" contains the statement that the first interview the supervisor has with the employee should be a "frank discussion" about "the evidence suggestive of his excessive drinking" (1977:11). Although it does warn that "...medical diagnosis is essential to confirm any opinion...formed by the layman". Supervisors generally felt unhappy about this method of confrontation because they were not trained in diagnosing and counselling (Maxwell, 1976). Consequently, many would ignore, cover up for or dismiss an employee rather than confront him. Gradually the emphasis has changed; the supervisor is still regarded as the key person in early identification but the method used has changed. The emphasis now is on documentation of deteriorating job performance and using this evidence to confront the worker. The interview then will stress the job performance, the supervisor's expectations for improvement and at the same time identify sources of help the employee can use for any problem he may have (Dupont and Basen, 1980; NIDA, 1978; Trice and Beyer, 1977). This approach has come to be known as constructive coercion.

Alcoholism is not the only contributor to employee problems. Drug misuse, and marital, psychological or financial problems are among the many factors which can contribute to deteriorating work performance. Consequently, new programs are evolving which are aimed at helping with

employee problems. This has come to be called the "broad brush" approach and the programs are known as troubled employee, employee assistance, or employee recovery programs (Archer, 1977; Wrich, 1974).

Many of the early programs encountered problems with labor unions. Initially, unions mistrusted management's intentions and saw the programs as interference with the personal lives of the workers. This has gradually changed as the intent of the program to help workers under assurance of confidentiality has been understood. It is now generally agreed that those programs in which unions play an active part in the planning and implementing are the most successful (B.C. Alcohol and Drug Commission,1980) and some unions now have their own programs for members.

Programs have evolved from those strictly run by management for alcoholics only, to programs aimed at all levels of workers and all types of problem. In many cases these are run as joint management/labor ventures.

Trends and Problems

Progress has been made in identifying and helping employees with problems. However, due to lack of knowledge and understanding, controversy still exists in some areas.

1. Location of the program. Should it be within the company as part of the Medical, Personnel or other department? Should all referrals be made to agencies outside the company? The latter solution is the obvious one for companies which have limited resources. A recent development has been for a number of companies to band together and hire a single counsellor as an assessment resource for the companies and their

employees (B.C. Alcohol and Drug Commission, 1980; DuPont and Basen, 1980).

2. Problem of the higher echelon worker. The more senior a worker becomes in the industry, the less direct supervision he/she has. People at the upper levels of an organization are not monitored closely but tend to be judged on the outcomes of their work. This provides many more chances to cover up an alcohol or other behavioral problem (DuPont and Basen, 1980). These people have often been very valuable employees. Identification and treatment would be of benefit to both them and their employer both now and for the future.

3. Different approaches for Female Workers. A drunken woman is disgusting, a drunken man is funny. It is neither acceptable nor feminine to have a drinking problem. Supervisors are even more reluctant to identify a female worker as having a drinking problem than they are to identify the same problem in a male worker (Milstead-O'Keeffe, 1980, Summary, 1978). More women are given tranquillizers for their 'nerves' than are men. Is the number of women being treated for alcoholism a true indication of the size of the problem? (N.I.A.A.H., 1972).

4. Need to demonstrate the cost effectiveness of programs. Claims are made that troubled employees cost the company money in terms of absenteeism, spoiled work, and accidents (Archer, 1977; Matthews, 1976; Roman, 1979, Saltman, 1977). Employee assistance programs cost money to initiate and run. Although they may be cost effective in terms of dealing with human misery, do they save company money? (Williams and Tramontara, 1977). More work needs to be done in this area.

5. Need to involve the whole family of the alcoholic. The problems that have been created by the alcoholic are not his alone; they involve other family members. The classic programs offered to spouses and children by Al-anon and Al-ateen tend to concentrate on parts of the family but not the family as a unit. Treatment programs are being introduced which emphasize counselling the family together with the person initially identified as having the problem (Lavino, 1978, 1981; Mock, Spiegel and Gary, 1979).

Conclusion

The emphasis on alcoholism as a disease and the change to broad brush approaches to identification and help with employee problems are positive steps, but 50% of the people in such a program will be alcoholics (B.C. Alcohol and Drug Commission, 1980) and Roman (1979) warns against losing sight of the need to identify and treat the alcoholic among the other types of problems presented. Never-the-less, the literature supports the contention that the best place for identification and treatment of employee problems, especially alcohol related ones, is the workplace. Success rates of up to 85% are quoted (B.C. Alcohol and Drug Commission, 1980; Mannello, 1979; Schramm, 1978; Von Wiegand, 1972).

Chapter III

METHODOLOGY

The purpose of this study was to examine the alcohol abuse identification and treatment programs existing in industry; to identify any unfilled needs or gaps in current programming; and to determine any role Workers' Health and Safety could play in expanding these programs. To facilitate this, a descriptive study design was selected.

The Target Population

The target population for this study was all industries in Alberta. Due to limitations on time and resources, a survey sample was drawn.

The Study Sample

The data source used was the Workers' Compensation Board Account listings: 57,646 accounts. This does not cover all industries in Alberta-only those insured by the W.C.B. Self employed, self insured and certain occupations such as teachers are not included unless they wish to be. From these listings all companies with more than two hundred workers were selected, a procedure which yielded three hundred sixty-six companies. The remaining 57,280 were divided into six strata by number of employees. From these six strata, companies were randomly selected by computer using random numbers until a further six hundred thirty-four were selected. These together with the first group of three hundred sixty-six gave the thousand companies selected for the survey.

Data Collection Instruments and Process

Questionnaire

A short questionnaire was designed to obtain basic information about company attitudes and experience with drug and alcohol abuse. To achieve this the target variables sought were: size and type of company; experience with drug or alcohol abuse; use of outside agencies; and existence or not of a company program. The pretest of this questionnaire was limited to peer review for consistency and face validity. A questionnaire plus a covering letter (Appendix A) and return envelope were mailed to each of the previously selected thousand companies. Since the guarantee of confidentiality was considered to be crucial to the success of this study, no record was kept of the names of the companies used in the survey; thus no follow-up on the non-returned questionnaires was possible.

Follow-up Interviews

Question H of the questionnaire asked: "Would you be prepared to discuss this subject further with me?" If the response was yes, the respondent was asked to give the name and telephone number of a contact person.

Of the two hundred ten respondents who had indicated a willingness to discuss the matter further, a sample of forty-two was selected for the purposes of interview. Since the interviews were intended as a supplement to the questionnaires and not as an accurate sampling of

trends in industry, it was decided to sacrifice strict representativeness to two other considerations:

A. an attempt to include a greater number of medium-sized companies (of special interest to the study) than would be allowed in a representative sample;

B. an attempt to include companies from all geographic areas of the province.

The questionnaires of respondents indicating a willingness to be interviewed were first sorted into categories according to company size. Then, using a table of random numbers, "willing respondents" were selected from each category, the number in each case having been decided arbitrarily beforehand as follows:

Table I

NUMBER OF COMPANIES BY SIZE SELECTED FOR INTERVIEW

Company Size	Frequency
3 - 9 employees	2
10 - 19 employees	4
20 - 39 employees	6
40 - 99 employees	6
100 -199 employees	6
200 -599 employees	9
600+ employees	9
Total	42

Finally, this sample was adjusted to ensure that all geographic areas

in the province would be represented. This was done by replacing some of the Edmonton and Calgary questionnaires and reselecting from the same size categories until each area in the province was represented as follows (these numbers also have been decided upon arbitrarily):

Table II

DISTRIBUTION OF COMPANIES BY REGION

Region	Frequency
Peace River	5
North East	4
Edmonton	14
Red Deer	5
Calgary and Southern Region	14
Total	42

The reason for conducting the interviews was to obtain a better insight into the programs being run, the extent to which outside agencies were being used, the degree to which help from government departments would be acceptable, and the respondents' ideas on how the problem could be tackled. Therefore, a list of questions to reflect this focus was developed for use during the interview (Appendix B). It was intended to mail these out in advance, with a letter confirming interview time and date. This would have given the respondents an opportunity to think about the questions, and to assemble the statistical data that was being requested, if available. However, a postal strike intervened and this was not possible. Telephone calls were made setting up mutually convenient times for an interview. In many cases this proved difficult, and expediency dictated that nineteen interviews be done by telephone and the remainder by face to face interviews.

Data Analysis

The questionnaire was designed to be computer compatible. On return each questionnaire was inspected for completeness. Open ended question responses were sorted into categories and given a variable label. The "close ended" questions where the selection chosen was "other" were dealt with in similar manner. Coding was completed and the responses were submitted for computer analysis. Frequency tables were constructed for the responses to each question and cross tabulations were done to determine relationships between selected variables.

The responses and the data generated from the interview questions were manually sorted using content analysis procedures, and the data generated in this way were analyzed by simple frequency counts.

CHAPTER IV

RESULTS

The Questionnaire

One thousand questionnaires were mailed out; five hundred seventy-six were returned including seven that arrived too late for analysis (Table III). This is a response rate of 57.6%. A response rate of 40%-50% to a mailed questionnaire is considered good (Warwick and Lininger, 1975), especially when no follow-up is done.

Profile of Industries Responding

A. Size of Industries. The Workers' Compensation Board estimates the number of workers in a company by the size of payroll and the average wage in that type of industry. Therefore, the size categories used by WCB are approximate only. For this reason the number of companies responding in each size category may not correspond with the number sent out to that particular category. This is obvious in the 1-2 worker companies to which no questionnaires were sent out but three were returned, and in the 100-199 worker companies where twenty were sent out and thirty-nine returned (Table IV).

B. Type of Industry. To the question asking which category best described the company's activities, six hundred twenty-five responses were received from five hundred sixty-nine companies, showing that some companies had more than one major activity (Table V). The data were then revised to allow for the existence of a multiple activity company (Table

VI). A breakdown of the size and number of companies in each occupational category can be found in Appendix C.

Table III

SIZE AND NUMBER OF COMPANIES IN THE INITIAL MAILING

Number of Workers	Number of Companies Selected	% of Total
1-2	0	0
3-9	273	27.3
10-19	165	16.5
20-39	105	10.5
40-99	71	7.1
100-199	20	2.0
200-599	252	25.2
600+	114	11.4
Total	1,000	100.0

Table IV

SIZE AND NUMBER OF COMPANIES RESPONDING

Number of Workers	Number of Companies Responding	% of Total
1-2	3	.5
3-9	91	16.0
10-19	93	16.3
20-39	73	12.8
40-99	54	9.5
100-199	39	6.9
200-599	118	20.7
600+	98	17.2
Total	569	100.0

Table V

TYPE OF INDUSTRIES		
Industry	Frequency	% of Total
Service	160	25.6
Construction	113	18.1
Engineering	22	3.5
Food Processing	21	3.4
Mining	5	.8
University/College/School	22	3.5
Manufacturing	67	10.7
Chemical	6	1.0
Gas and Oil	56	8.9
Other	153	24.5
Total	625*	100.0

*some responses indicated more than one answer

Table VI

TYPE OF INDUSTRY

(Using revised data allowing for a multiple activity company)

Industry	Frequency	% of Total
Service	131	23.0
Construction	95	16.7
Engineering	9	1.6
Food Processing	19	3.3
Mining	4	.7
University/College/School	21	3.7
Manufacturing	55	9.7
Chemical	5	0.9
Gas and Oil	45	7.9
Multiple Activity	50	8.8
Other	135	23.7
Total	569	100.0

Awareness of Drug and Alcohol Problems on Site

41.7% of the respondents had experienced a drug and alcohol problem in their company. 57.6% had not experienced such a problem and .7% did not reply to the question (Table VII).

Table VII

AWARENESS OF A DRUG AND ALCOHOL PROBLEM

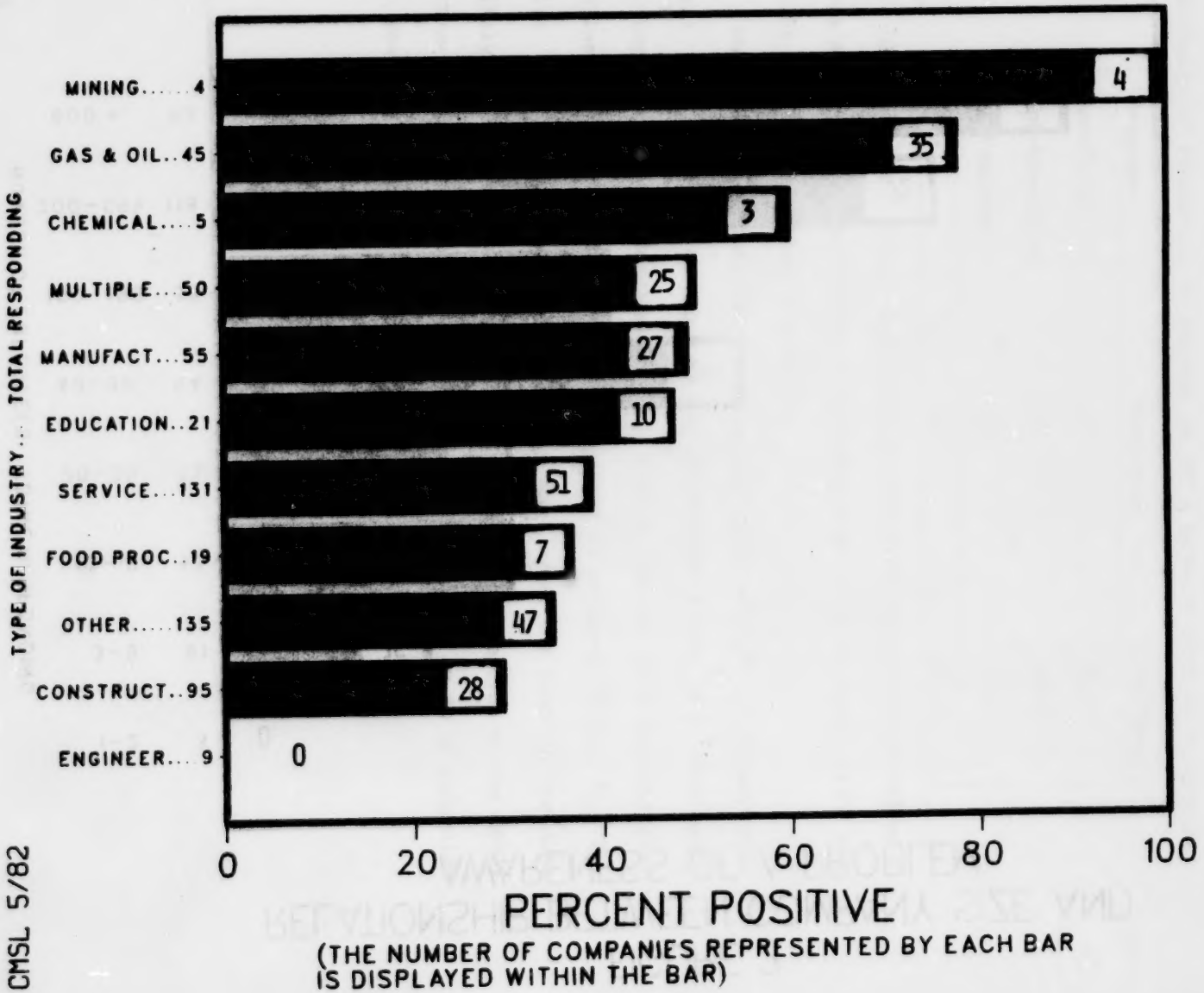
Response	Frequency	% of Total
Have a problem	237	41.7
Do not have a problem	328	57.6
No response	4	.7
Total	569	100.0

Whether or not a company was aware of an alcohol problem on site varied considerably with the type of industry from 100% awareness in the mining industry to 0% in Engineering (Figure 1). The awareness increased with the number of workers employed from 14.6% of 3-9 worker companies to 72.4% of 600+ worker companies (Figure 2) with the exception of 100-199 employee group (33.3%) which was lower than the 40-99 worker group.

Benefit of a Program

Programs to identify and treat drug and alcohol abuse were seen by 45.2% as being beneficial to their company. 49.7% did not see such programs as beneficial and 5.1% did not comment (Table VIII).

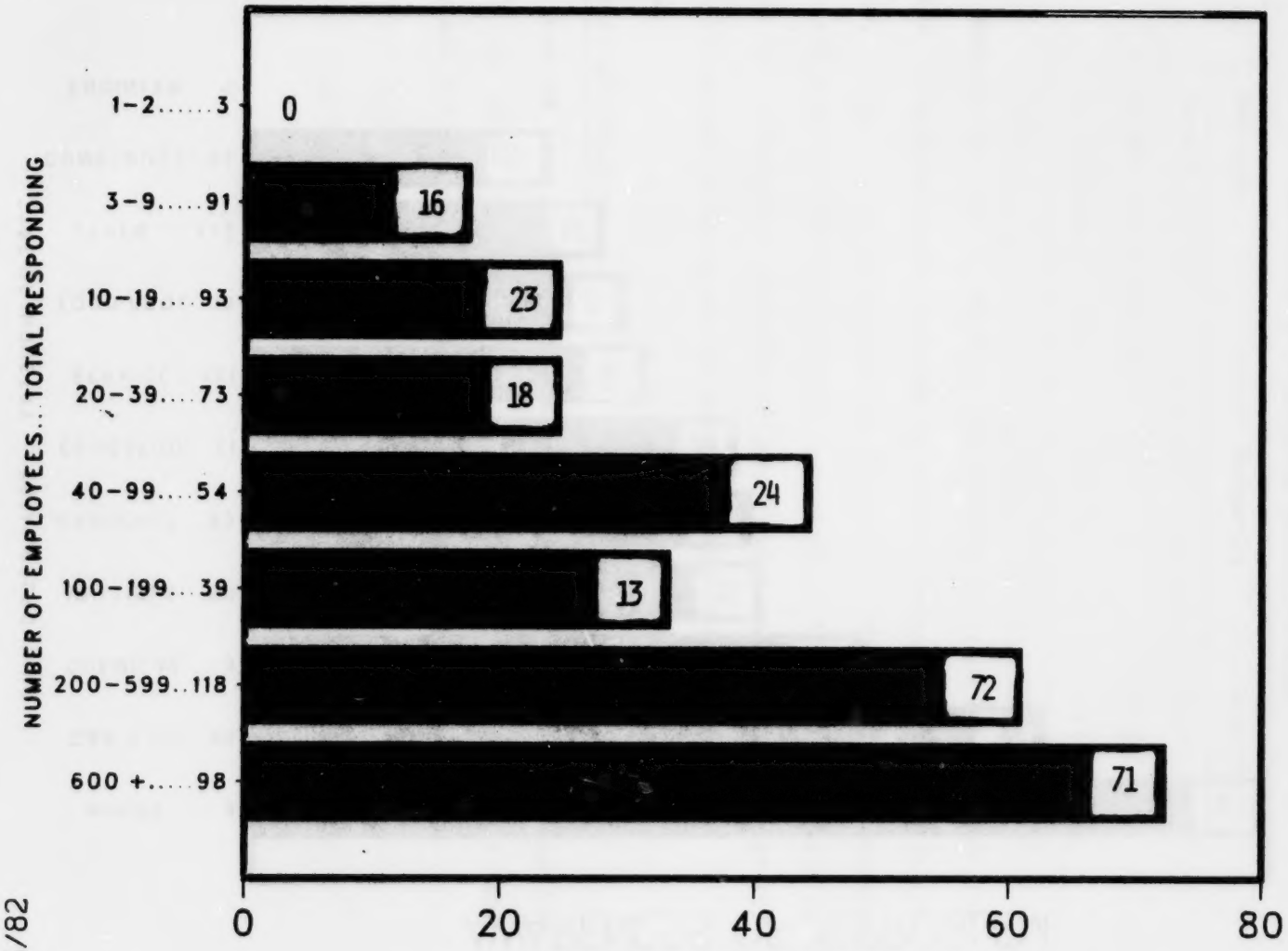
FIGURE 1
RELATIONSHIP BETWEEN TYPE OF INDUSTRY AND AWARENESS OF A PROBLEM



(THE NUMBER OF COMPANIES REPRESENTED BY EACH BAR IS DISPLAYED WITHIN THE BAR)

CMSL 5/82

FIGURE 2
RELATIONSHIP BETWEEN COMPANY SIZE AND AWARENESS OF A PROBLEM



(THE NUMBER OF COMPANIES REPRESENTED BY EACH BAR IS DISPLAYED WITHIN THE BAR)

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TABLE VIII

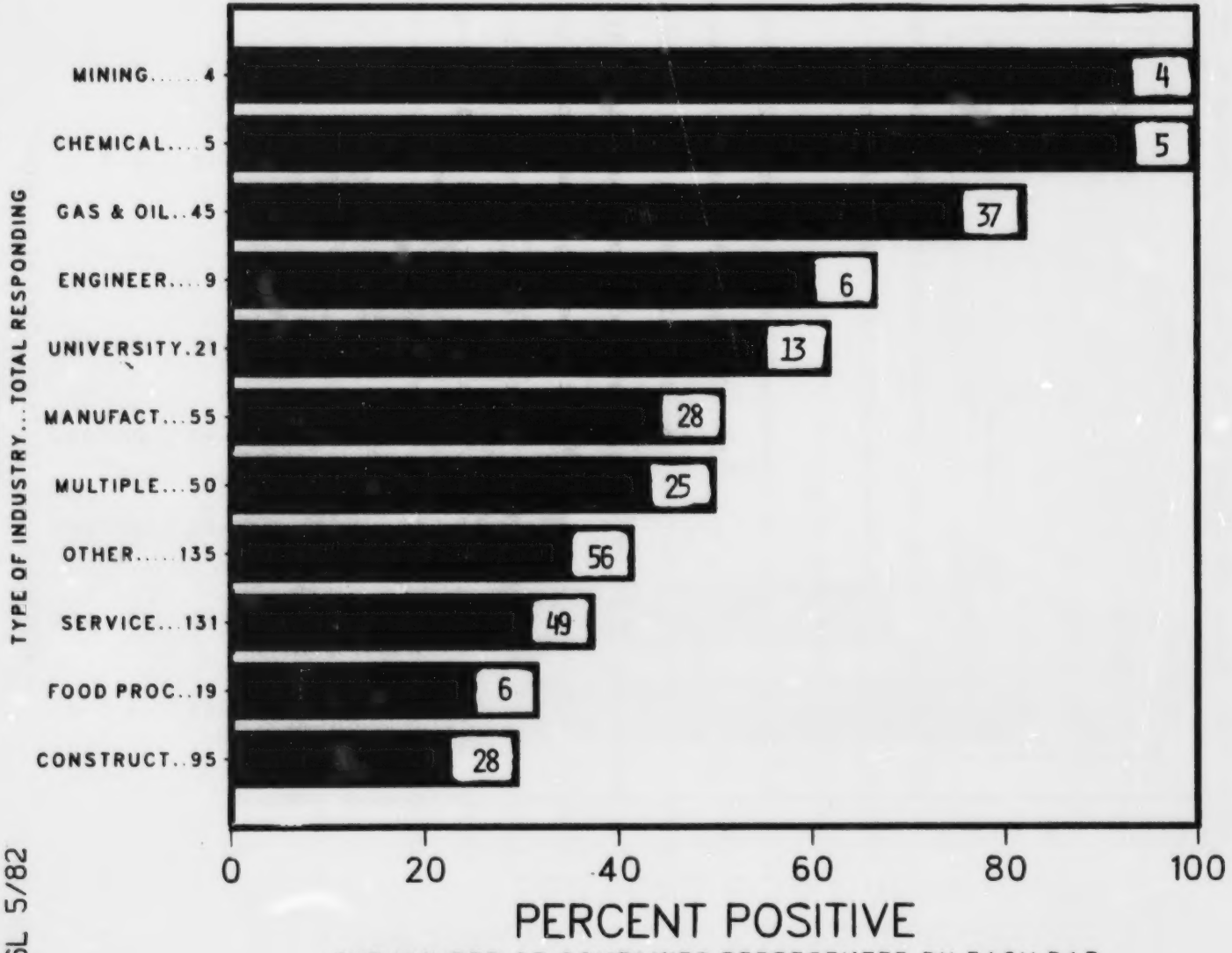
RESPONDENTS' PERCEPTION OF WHETHER OR NOT A PROGRAM WOULD BE BENEFICIAL

Response	Frequency	% of Total
Beneficial	257	45.2
Non-beneficial	283	49.7
No response	29	5.1
Total	569	100.0

100% of the mining and chemical companies responding perceived a program as being beneficial as contrasted to 29.5% in construction and 31.6% in food processing (Figure 3).

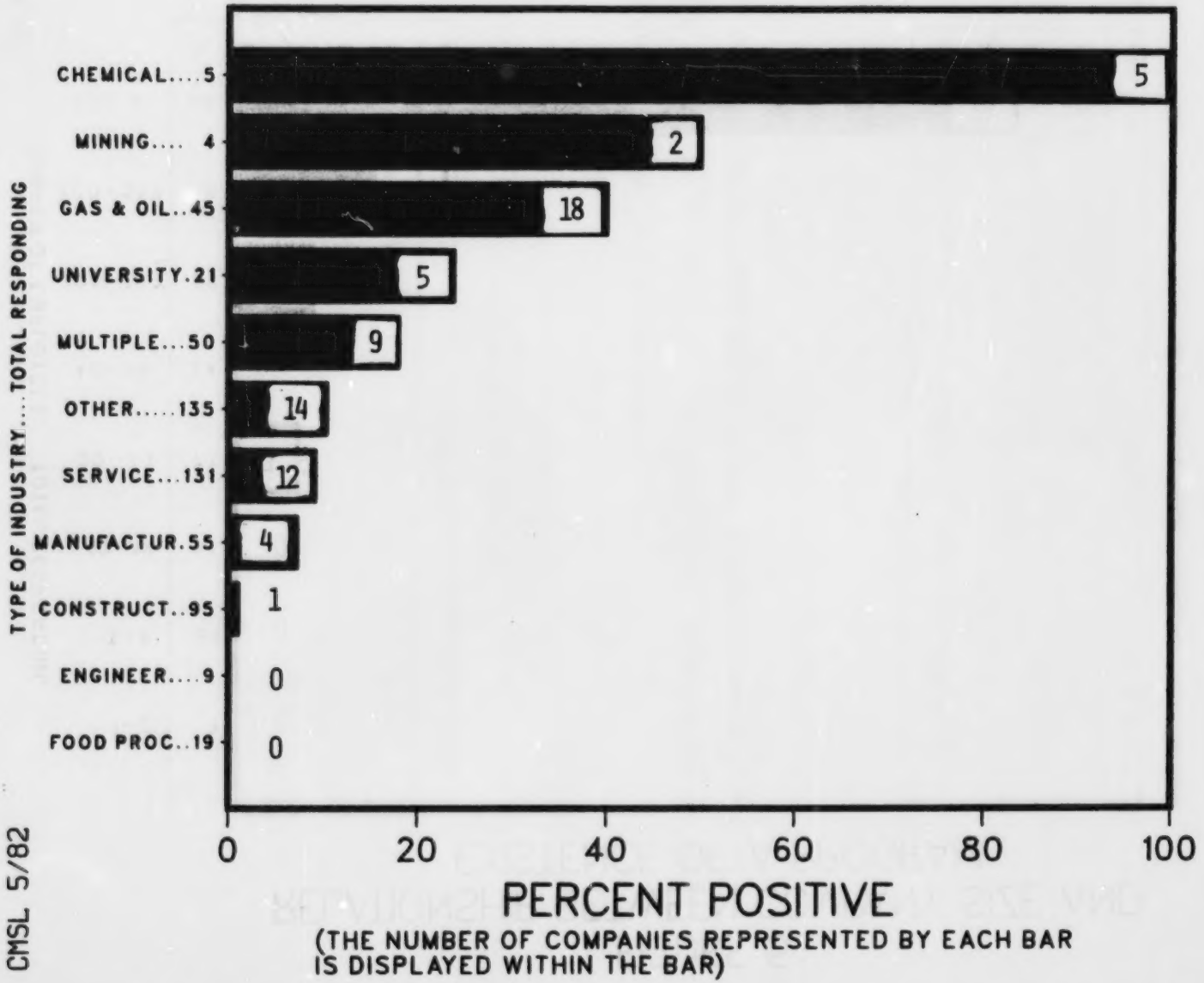
When asked if they had a program for their workers, 12.3% companies said yes, 85.9% said no and 1.8% did not respond (Table IX). Once again mining and chemical industries scored highly, 50% and 100% respectively. Engineering and food processing reported 0% programs (Figure 4). The size of the company was also relevant, the larger the company, the more likely they were to have a program, with the exception of the 40-99 worker groups who reported no programs as contrasted to 4% of companies in 20-39 worker range who reported programs.

FIGURE 3
RELATIONSHIP BETWEEN TYPE OF INDUSTRY AND WHETHER PROGRAM IS REGARDED AS BENEFICIAL



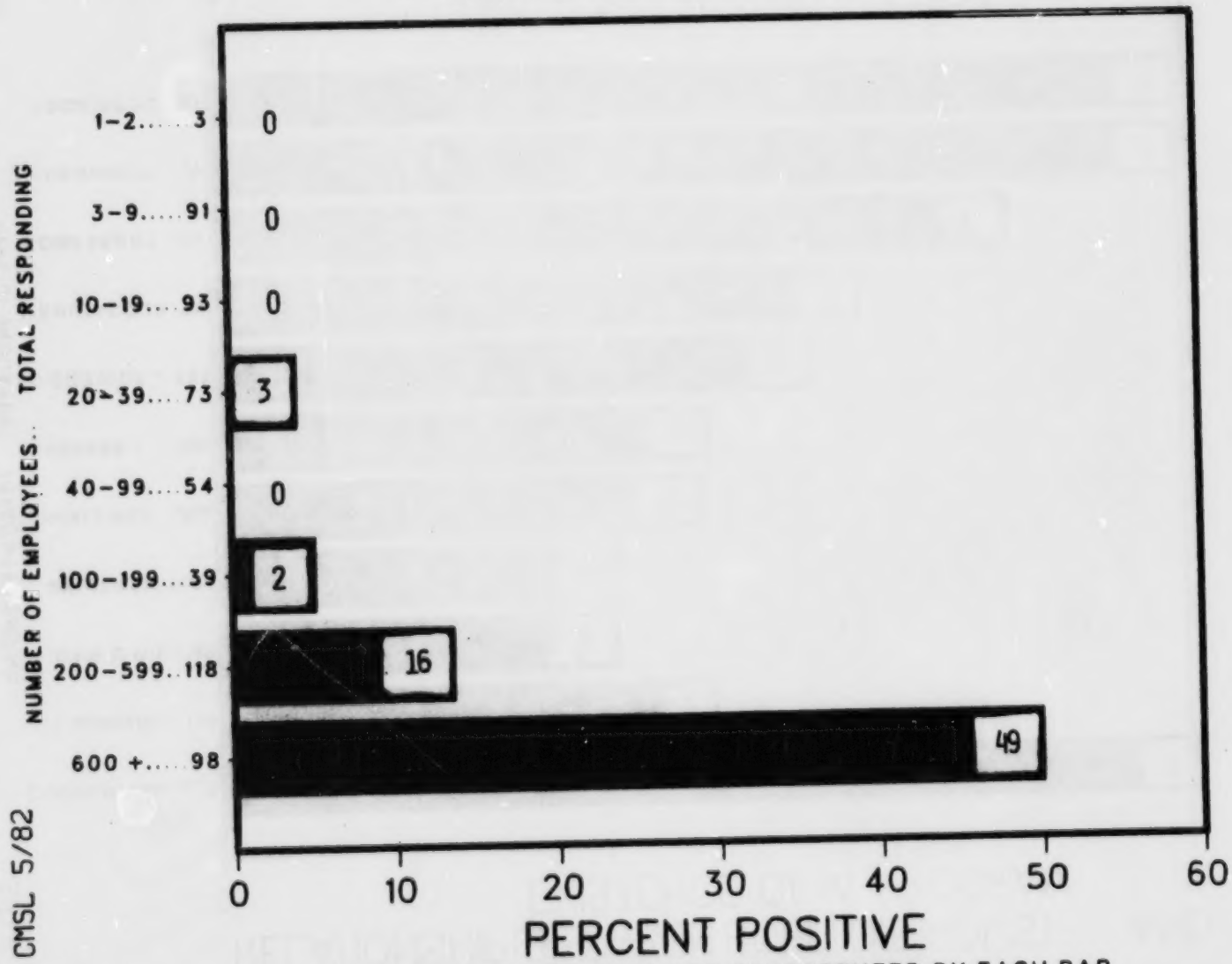
(THE NUMBER OF COMPANIES REPRESENTED BY EACH BAR IS DISPLAYED WITHIN THE BAR)

FIGURE 4
RELATIONSHIP BETWEEN TYPE OF INDUSTRY AND EXISTENCE OF A PROGRAM



CMSL 5/82

FIGURE 5
RELATIONSHIP BETWEEN COMPANY SIZE AND EXISTENCE OF A PROGRAM



(THE NUMBER OF COMPANIES REPRESENTED BY EACH BAR IS DISPLAYED WITHIN EACH BAR)

Table IX

EXISTENCE OF A DRUG-ALCOHOL PROGRAM

Response	Frequency	% of Total
Have a program	70	12.3
Do not have a program	489	85.9
No response	10	1.8
Total	569	100.0

Outside agencies were used as part of a company's means of dealing with alcoholics by 26.7% of the respondents, 70.8% did not use any outside agency and 2.5% did not respond.

Table X

USE OF OUTSIDE AGENCIES

Response	Frequency	% of Total
Use outside services	152	26.7
Do not use outside Services	403	70.8
No response	14	2.5
Total	569	100.0

Type of Outside Agencies Used

Two questions were asked about the type of outside agencies used. The traditional ones, Alberta Alcohol and Drug Abuse Commission (45.7%) and Alcoholics Anonymous (39.5%), were the most commonly used. Twenty-seven other sources were identified by 14.8% (Table XI); the most common being Henwood (twelve responses): Claresholm (four): Medical Practitioners (nine): and Private Consultants (four). The remaining sources were used by one or two respondents only (see Appendix D). 29.3% did not think any agencies other than A.A.D.A.C. should be used, 51.7% thought other agencies should also be used and 19% did not respond (Table XII). Twenty different agencies were identified in the "other" category, the highest ranked suggestion was AA (seven responses) followed by unions and Alberta Mental Health (three each). Respondents were also given a choice of three government departments as sources of help. Four hundred forty-seven responses were received from two hundred ninety-four people. 14.3% felt the Department of Labour should be involved, 34.5% Social Services Department and 44.3% Workers' Health and Safety (Table XIII).

Table XI

TYPE OF OUTSIDE AGENCY USED

Service	Frequency	% of Total
A.A.D.A.C.	117	45.7
A.A.	101	39.5
Other	381	14.8
Total	256	100.0

Table XII

SHOULD AGENCIES OTHER THAN A.A.D.A.C. BE INVOLVED

Response	Frequency	% of Total
Other agencies should be involved	294	51.7
Other agencies should not be involved	167	29.3
No response	108	19.0
Total	569	100.0

Table XIII

INVOLVEMENT BY AGENCIES OTHER THAN A.A.D.A.C.

Agency	Frequency	% of Total
Department of Labour	64	14.3
Social Services	154	34.5
Worker's Health and Safety	198	44.3
Other	31	6.9
Total	447*	100.0

*Some respondents indicated more than one choice.

The last question asked was "would you be prepared to discuss this subject further with me?" 36.9% (two hundred ten people) indicated their willingness and 63.1% (three hundred fifty-nine people) were not willing. Some of the unwilling people indicated that they had no problem and therefore saw no point in a discussion (Table XIV).

Table XIV

WILLINGNESS TO DISCUSS

Response	Frequency	% of Total
Will discuss	210	36.9
Will not discuss	359	63.1
Total	569	100.0

Personal Interview Data

Forty-two companies were selected for interview and thirty-three of these were actually interviewed (Table XV).(Companies not interviewed either declined or could not agree on a suitable date).

Table XV

SIZE OF COMPANIES SELECTED AND INTERVIEWED

Company Size	# Selected	# Interviewed
3- 9	2	1
10- 19	4	3
20- 39	6	4
40- 99	6	5
100-199	6	5
200-599	9	7
600+	9	8
Total	42	33

The geographical location of the companies selected for interview was spread throughout the province with fourteen companies in Red Deer and the South, and nineteen in the Northern region actually being interviewed (Table XVI).

Table XVI

LOCATION OF THE COMPANIES SELECTED AND INTERVIEWED

Area	# Selected	# Interviewed
Peace River	5	2
North East	4	3
Edmonton	14	14
Red Deer	5	4
Calgary & South	14	10
Total	42	33

Company Policy

A formal company policy existed in only 8 of the companies interviewed and these were the larger companies. (For the purpose of this report, a formal policy was defined as one that was written down and approved by management and union if appropriate.) The remaining either had no policy or felt it was implied either by what was said to the worker at time of hire or by actions taken by management (Table XVII).

Table XVII

TYPE AND EXISTENCE

OR NOT OF A COMPANY POLICY

Type of Policy	Number of Companies	
Formal Policy	8	(6 with 600+ employees 2 with 200-599 employees)
Implied Policy	23	
No Policy	2	
Total	33	

Awareness of the company policy was spread by word of mouth or use of a company booklet, word of mouth being the most common method for passing on information (twenty-five responses). A booklet was used in six cases of the companies with formal policies (Table XVIII).

Table XVIII

METHODS OF PROVIDING INFORMATION ABOUT COMPANY POLICY

Method	#
Booklet	6
Word of mouth	25
No response	2
Total	33

The third question concerned the items included in the company policy. All companies with written policies (eight) included these items in their policy.

Procedures for identifying and confronting employees.

Recognition of alcohol and drug abuse as health problems.

A statement that employees will be assisted and not penalized for seeking help.

Statement on the consequences of refusing help.

Means for referral and follow up.

Written policy.

Four also included a provision for full or partial payment of salary while the worker was taking treatment.

Program Details

Responsibility for Program. The majority (twenty of the thirty-three companies) had no one responsible. Personnel, employee or industrial relations departments were the biggest group having responsibility (Table XIX) in the other companies.

Table XIX

PERSON OR DEPARTMENT WITH

RESPONSIBILITY FOR PROGRAM

Person Responsible	#
Director Industrial Relations	6
Medical Departments	3
Supervisors	2
Employee Assistance Service Consultant	1
No One	20
Total	33

Length of Time in Existence

Respondents were asked how long the company had offered any sort of program for employees.

Only the eight companies with a formal policy were able to respond to this question. Only one program had been in existence for more than ten years, three between seven and ten years, and four between zero and seven years (Table XX).

Table XX

SIZE OF COMPANY AND LENGTH

OF TIME A PROGRAM HAS EXISTED

Length of Time	#	Size of Company
Less than 3 years	1	600+
3 years	1	200-599
6 years	1	600
7 years	1	200-599
10 years	3	600+
25 years	1	600+
Total	8	

Number of People Through Programs

Most of the companies were only able to estimate numbers of people identified as having a problem in the last five years or since the program started. Nine companies had no idea of numbers. Four refused to answer as they felt it would be a breach of confidentiality. Two could only produce Canada wide statistics. The remaining companies had identified fifty-five people as having a drug or alcohol problem.

Thirty-two had accepted treatment, fourteen had left the company. Fifteen were considered rehabilitated. Seven were dismissed, and two continued to be employed but were doing nothing about their problem. Table XXI shows breakdown by size of company.

Table XXI

NUMBER OF PEOPLE THROUGH PROGRAM BY SIZE OF COMPANY

	Company Size							
	3-9	10-19	20-39	40-99	100-199	200-599	600+	Total
# identified	0	6	3	5	9	3	29	55
# accepted treatment	0	2	1	3	3	3	20	32
# left company	0	1	2	2	0	0	9	14
# rehabilitated	0	1	-	1	2	0	11	15
# dismissed	0	0	1	0	3	0	3	7

Unions' Role in Programs

Of the thirty-three companies interviewed, sixteen had a Union and seventeen did not. At only five of the unionized companies had the Union been involved in the policy and program planning for the company's Drug and Alcohol program. These five union locals continued to be involved with the implementation of the program and one that had not been involved in planning became involved with implementation.

Use of A.A.D.A.C. Services

Thirteen companies used the services of A.A.D.A.C. The remaining twenty did not. When asked why A.A.D.A.C. was not used, the replies were equally divided between no need, and unaware of what A.A.D.A.C. was or what it did. Some respondents gave more than one reply. A typical response being "we don't need their services," and "anyway what does A.A.D.A.C. do?" (Table XXII).

Table XXII

REASON FOR NOT USING SERVICES OF A.A.D.A.C.

No need	15
Unaware of A.A.D.A.C. Services	15
Prefer own program	1
Total	31

When looked at by company size, the smaller companies were less aware of A.A.D.A.C.'s services, with only one large (over six hundred) company not aware of the services available.

Table XXIII

RELATIONSHIP OF COMPANY SIZE TO NON-USE OF A.A.D.A.C.

Size	No Need	Unaware	Own Program	Total
3-9	-	-	-	-
10-19	3	3	-	6
20-39	3	4	-	7
40-99	2	2	-	4
100-199	3	2	-	5
200-599	4	3	-	7
600+	0	1	1	2
Total	15	15	1	31

Use of Workers' Health and Safety as a Resource

Occupational Health and Safety Officers (O.H.S.O.) visit worksites as part of their duties. Respondents were asked if they had ever discussed drug and alcohol abuse with an O.H.S.O. Only one respondent had done so and had not found it to be helpful. The remainder had either not thought it appropriate or had not been visited.

To the question "Do you think there are ways in which the Occupational Health and Safety Division could help with drug and alcohol problems in industry?", twenty-three said "yes", and ten said "no". Analysis of "yes" responses showed awareness (thirteen), education (eleven), provision of information packages (twelve) to be the highest needs. Stricter laws , formal government directives , government leadership and

"don't know" made up the rest of the comments.

Table XXIV

HELP REQUIRED FROM

OCCUPATIONAL HEALTH AND SAFETY

Needs Identified	Number
Awareness	13
Information packages	12
Education	11
Formal Directives	2
Stricter Laws	1
Leadership	1
Don't Know	1
Total	41

Other Sources of Help

Twenty-two respondents felt they had no need for help. The eleven that would like help identified the main source as A.A.D.A.C. (five responses), followed by don't know (three responses), Workers' Health and Safety (two responses), and anyone (one response). (See Table XXV.)

Table XXV

SOURCES OF HELP IDENTIFIED

Workers' Health and Safety	2
A.A.D.A.C.	5
Anyone	1
Don't Know	3
Total	11

Involvement of Government Agencies

The involvement of government agencies in drug and alcohol programs was seen by twenty-nine companies to be of value, four thought it had no value. The type of assistance suggested fell under six headings. The main one being don't know (twelve responses). Consultants provided by government was suggested by six respondents and expanding the role of A.A.D.A.C. by four. The remaining seven suggestions were financial help (two responses), methods to increase public awareness (three responses), free programs (one response) and taking a stand (one response). (see Table XXVI).

Table XXVI

TYPE OF ASSISTANCE SUGGESTED

Don't know	12
Consultant role	6
Expansion of A.A.D.A.C. role	4
Increased awareness	3
Financial	2
Free programs	1
Taking a stand	1
Total	29

Other Suggestions

The last question was an invitation to share personal ideas on methods to deal with the problem. The responses could be grouped under seven broad headings as shown in Table XXVII. Sixteen people saw tougher drinking laws and the restriction of liquor sales as an answer. More education on the effects and consequences of drinking, especially to school children, was seen as needed by fourteen respondents. Increased public awareness (five responses), higher profile for A.A.D.A.C. (three responses), increased employee awareness and responsibility (two responses), and no working lunches (one response) made up the rest of the suggestions.

Table XXVII

OTHER SUGGESTIONS FOR DEALING WITH THE PROBLEM

Tougher legislation	16
More education (especially in schools)	14
Increase awareness	5
Give A.A.D.A.C. a higher profile	3
Increase knowledge and responsibility of employees	3
Provide more counselling	2
Do away with working lunches	1
Total	44*

*some respondents offered more than one suggestion

Other Interviews

Two additional interviews were conducted with expert resource personnel. The objective of these interviews was to elicit opinions on program needs for Alberta industries. The people interviewed represented A.A.D.A.C. Community Extension Services who were looking at the problem from an identification and treatment perspective and the United Way, Labour Liaison co-ordinator who was looking at the problem from the organised worker perspective.

Some aspects of their views were remarkably similar: both stressed the need for more education and the availability of information for workers and management. Confidentiality of personal information was also seen as essential for the success of any program. Employee assistance needs were seen as an item that should not be part of collective bargaining, but that an agreement to work together was important.

The A.A.D.A.C. role was perceived as promoting awareness of the problem, and providing limited resources to assist in the establishment of programs.

The organized Labour view was that the management role was to keep production going, identify the problem and coerce the worker to seek help. A committee of 50% management, 50% union should establish the employee assistance policy. Union trained counsellors should work with the person, either in or (preferably) outside the workplace.

Some suggestions offered by both parties were: Occupational Health and Safety Officers to act as additional resource people to industry, providing information as indicated.

Management/Union/A.A.D.A.C. sponsored consortiums could be set up to help small industries.

Government funded assessment centres run by Labour/Management groups were seen as an alternate source of help by labour, particularly to ensure the confidentiality of client information.

Both people emphasized that the earlier intervention could take place in the worker's problem, then the better the success rate was likely to

be.

Summary

The first four objectives of this study were to:

1. Survey a cross section of industries to determine the number with drug and alcohol abuse programs.
2. Determine the case detection rate for the programs.
3. Determine the success rate of the programs.
4. Identify the characteristics of the administrative structure of companies with alcoholism programs.

Over half the people surveyed with the initial questionnaire responded, and from these responses plus the information gained by personal interviews, it was possible to gain an overview of industry's attitudes and knowledge of alcoholism in the workplace.

41.7% of the respondents had experienced a problem in their company. This awareness varied with size and type of industry.

Although 45.2% thought that programs to identify and treat alcohol problems would be helpful, only 12.3% actually had such programs.Statistics on detection and success rates were impossible to obtain.Those numbers that were provided were mostly from memory and therefore suspect.

Generally speaking there was a significant lack of knowledge about alcoholism, its signs, symptoms, and treatment; also about the resources available to help industries and workers. The most commonly mentioned method of dealing with the problem was to give a warning when the

situation was very noticeable and then serve dismissal notice if no improvement. Many responses, both written and verbal, indicated that information about resources available and the problem in general would be well received, but many made haste to add "in case we ever need it, we don't have problems now". Even among the people acknowledging the existence of a problem, the emphasis was very much on "we had a problem but don't now".

These responses will be discussed in further detail in the next chapter.

CHAPTER V

Discussion

Ross A. Wiegand (1972:182) commented that

> We have found company managements have a great deal in common with the alcoholic. They both, because of the social and moral stigma associated with alcoholism, vigorously deny having the problem, and both are extremely reluctant to take corrective action...management has many logical fears of the consequences of taking corrective action, due to lack of knowledge, and the lack of specialists and consultants in this field.

These contentions are borne out by the results of this study. Approximately 40% of the respondents were aware of problems within their company. Many of the people responding to the questionnaire took the time to write extra comments emphasizing that any problem they may have had in the past had been dealt with, usually by dismissal. It seemed to be important for many to write extra comments emphasizing that "we don't have those sort of people in our company". This applied equally whether or not the questionnaire had a return address. The effect of this denial on the data gathered in the study is unknown but has probably resulted in some underestimation of the size of the alcohol problem.

It was also interesting to note the wide range of awareness of problems acknowledged by respondents from different industries, 100% in the mining industry to 0% in engineering. No obvious reason could be

found for this but it may be related to the small number of mining companies in Alberta, and the unique close knit fraternity found among miners, which can make personal problems hard to hide.

Company Programs

Only 12.35% of the respondents to the questionnaire reported that their companies had a program for their workers. From the companies interviewed statistics on detection and success rates for programs were almost impossible to obtain. Those figures that were given were, with very few exceptions, based on memory. Eighteen companies offered a total of fifty-five people identified as having a problem in the last five years, fifteen of whom were considered rehabilitated.

Formal programs to deal with alcohol and drugs on the worksite existed in only eight companies, and all of these were large, i.e. employing over two hundred workers.

From the large amount of literature produced on the subject of alcohol programs, the consensus of opinion is that an effective program will contain the following ingredients:

1) A written policy which is known to all workers (workers in this context will include management).
2) Strict confidentiality of the counselling process.
3) Involvement of the union (if the worksite has one) in program planning and implementation.
4) Recognition of the importance of the supervisor's role. All supervisor's must be carefully trained to monitor employees' job

performance, and to recognize and record deteriorating performance. There may be many causes for this, but the supervisor's role is not to diagnose the cause but to get the employee to a source of assistance. To do this, it may be necessary to precipitate a crisis in the employee's life by confronting him/her with an ultimatum, 'get help or else'. This is known as constructive coercion.

5) Knowledge of, and a procedure for, referral either within the company or to outside sources.

6) One person within the company to have overall responsibility for the program.

However, the study shows that very few companies have all of these ingredients in their programs.

The most common methods used to deal with Drug or Alcohol problems were: not to hire people with problems, ignore the problems until impossible to do so any longer, then to tell the worker to "shape up" and/or dismiss him/her.

There was a significant lack of knowledge about alcoholism or drug abuse. The signs, symptoms and treatment were unknown to most, exemplified by the manager of a large company who commented that he knew he had no people with problems on staff, because no one had fallen down drunk at work. The interviewer took A.A.D.A.C. literature to the interviews and found after the interview that many people were pleased to receive and discuss it.

Administration

All of the literature reviewed in this study emphasizes the need to have a formal written policy for a company alcohol abuse program. Such a policy should contain a statement that alcoholism is a disease and the steps for dealing with the problem must be clearly outlined. It is interesting to note that a formal policy was not seen as necessary by the majority of companies interviewed.

Out of a total of thirty-three only eight had such a policy. The rest either had none or felt it was implied by what they did when a problem was identified. Remarks on this question varied from a "written policy would encourage problems", to "each problem is different so no policy is possible". Six companies had written information for their workers on the company policy and program.

The need to have someone designated as responsible for the program was recognized by thirteen companies and seven of them placed this responsibility in the personnel, employee or industrial relations area and three in the medical department. The other companies preferred to work on the 'whoever discovers it, deals with it' principle. Only one large company had an individual employed specifically for this purpose.

Union participation in policy and procedure planning took place in five companies, and the managers commented that this had been helpful and improved the implementation of the program. One company felt that planning was their prerogative but welcomed union help with implementation of the program. The remaining companies either did not want help or found the union uninterested.

Sources of Help

The main source of outside help used by companies was A. A. D.A. C. The responses showed that many people did not realize that Henwood and Claresholm were A.A. D.A. C. facilities. The function and availability of A.A.D.A.C. services were unknown to many, and respondents were surprised to find the range of services available to industry.

The specific question about the Occupational Health and Safety Division as a source of help produced a positive response in 44.3% of the questionnaire respondents and 75.9% of the personal interviews. The type of help seen as appropriate to the division were ways of promoting awareness, education and providing information packages.

The question which invited suggestions for dealing with the problem produced two basic types of response, the education/ awareness/ knowledge group and the tougher legislation group. Sixteen suggestions were made about legislation. The exact type was not specified but the feeling that government should control alcohol and drug abuse was strong. The education group felt that a government that made so much money out of alcohol should spend some of it to educate people about the dangers of misuse.

Objections to Worksite Drug and Alcohol Programs

The general feeling encountered in the study was that alcoholism is not a management problm but it is the responsibilty of the individual with the problem to seek help. Concern was also expressed about the legal

position of companies who identified ("accused") workers of having such problems, or of companies who kept such people on staff or knowingly hired them, especially if they injured other people or damaged goods or property while "under the influence". Costs of programs were also mentioned as a concern.

The role played by A.A.D.A.C. and the services available from that agency, was unknown or unclear to the majority of respondents. Sources of help, signs and symptoms and the fact that treatment is available, were either not known or not fully understood by the majority of respondents in this survey. Alcoholism was also seen as a male, blue collar worker condition. The two most common suggestions for dealing with the problem were "provide more education" and "tougher legislation", along the lines that "they" (government) should do something about it. Help and advice from government departments was acceptable to most people, so long as it was on a consultant basis and not compulsory.

Conclusions

The overall conclusion reached in this study is that there is a general lack of knowledge about alcoholism and drug abuse; how it can be dealt with at work, and what sources of help are available both to victims of the disease and to the people trying to help them. Size and nature of the industry also have some effect on the recognition or acknowledgement of a problem. There is a major education effort to be made, before there can be an impact on the identification, treatment or prevention of drug and alcohol problems.

Recommendations

1. A.A.D.A.C. should launch a high visibility program aimed specifically at industry (management, labour, and workers).
2. Information packages should be prepared outlining the types of problems, methods to deal with them, and sources of help available, for distribution to all industries. These packages should emphasize the benefits of early problem identification and the availability of treatment.
3. Those companies that are unionized should be encouraged to involve the union in planning and implementation of worksite programs.
4. Where appropriate, Joint Worksite Safety and Health Committees should be involved in program planning.
5. Notwithstanding 3 and 4, employees must be assured of the confidentiality of personal information.
6. Occupational Health and Safety Officers of the Workers' Health and Safety Division should be informed of the contents and availability of the packages mentioned in 1 above so that they may disseminate the information while on worksite visits. Inservice information sessions should be provided by experts, for appropriate division staff.
7. One person within the Division of Workers' Health and Safety should be responsible for inservice training, and liaison with helping agencies. This person should be knowledgeable about and experienced in employee assistance programs at all levels.

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APPENDIX A

Alberta

WORKERS' HEALTH, SAFETY
AND COMPENSATION

Occupational Health
and Safety Division
Medical Services Branch

403/427-6724

4th Floor,
10709 Jasper Avenue
Edmonton, Alberta, Canada
T5J 3N3

81 04 03

Dear Sir:

I am a part-time graduate student at the University of Alberta, and as part of my course requirements, I am undertaking a study for the Department of Workers' Health and Safety. This study will survey the types and extent of programs available for the identification and management of alcohol and drug abusers in the workplace. Knowledge of the strengths and weaknesses of existing programs will enable advice and/or assistance to be given, which will help companies in taking steps to control this problem.

Alcohol and drug abuse in the workplace is thought to affect between five and ten per cent of the population of Canada, and is a leading cause of absenteeism and poor job performance. It is also viewed as a contributing factor in many accidents, and can increase the cost of doing business.

Your participation in this survey is most important in the collection of this information, and would be much appreciated. Completion of the form should require no more than 10 minutes of your time. A self-addressed envelope is enclosed for your convenience. Thank you in anticipation for your help.

Sincerely,

Elizabeth M Butler

Elizabeth M. Butler, RN, OHNC, BSPA

EMB/gd

A. HOW MANY WORKERS ARE EMPLOYED BY YOUR ORGANIZATION?

1. 1 - 2 ☐
2. 3 - 9 ☐
3. 10 - 19 ☐
4. 20 - 39 ☐
5. 40 - 99 ☐
6. 100 - 199 ☐
7. 200 - 599 ☐
8. 600 + ☐

B. WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR COMPANY?

1. SERVICE INDUSTRY ☐
2. CONSTRUCTION ☐
3. ENGINEERING ☐
4. FOOD PROCESSING ☐
5. MINING ☐
6. UNIVERSITY/COLLEGE/SCHOOL ☐
7. MANUFACTURING ☐
8. CHEMICAL ☐
9. GAS AND OIL ☐
10. OTHER (SPECIFY)_____ ☐

C. HAS YOUR COMPANY EXPERIENCED A PROBLEM WITH DRUGS OR ALCOHOL ABUSE?

1. YES ☐
2. NO ☐

D. DO YOU THINK PROGRAMS TO IDENTIFY AND TREAT DRUG AND ALCOHOL ABUSE ON THE WORKSITE WOULD BE BENEFICIAL TO THE COMPANY?

1. YES ☐
2. NO ☐

E. DO YOU USE THE SERVICES OF OUTSIDE AGENCIES FOR WORKERS NEEDING HELP WITH ALCOHOL AND DRUG ABUSE?

1. YES ☐
2. NO ☐

IF YES WHICH ONES?

1. ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (A.A.D.A.C.) ☐
2. ALCOHOLICS ANONYMOUS (A.A.) ☐
3. OTHER (SPECIFY)_____ ☐

F. A.A.D.A.C. HAS AN ESTABLISHED ROLE IN PROVIDING ASSISTANCE. DO YOU THINK OTHER AGENCIES SHOULD ALSO BE INVOLVED?

1. YES ☐ 2. NO ☐

IF YES, WHICH ONES?

1. DEPARMENT OF LABOUR ☐

2. SOCIAL SERVICES AND COMMUNITY HEALTH ☐

3. WORKERS' HEALTH AND SAFETY ☐

4. OTHER (SPECIFY) _____ ☐

G. DO YOU HAVE AN ALCOHOL AND DRUG ABUSE PROGRAM NOW?

1. YES ☐ 2. NO ☐

H. WOULD YOU BE PREPARED TO DISCUSS THIS SUBJECT FURTHER WITH ME?

1. YES ☐ 2. NO ☐

IF YES, TO WHOM SHOULD REQUESTS FOR FURTHER INFORMATION BE DIRECTED?

NAME _____

ADDRESS _____

PHONE _____

IF YOU WISH TO MAKE FURTHER COMMENTS, PLEASE DO SO:

_____

_____

_____

_____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. PLEASE RETURN IN ATTACHED ENVELOPE TO:

ELIZABETH M. BUTLER
MEDICAL SERVICES BRANCH
OCCUPATIONAL HEALTH AND SAFETY DIVISION
WORKERS' HEALTH, SAFETY AND COMPENSATION
3RD FLOOR, OXBRIDGE PLACE
9820 – 106 STREET
EDMONTON, ALBERTA
T5K 2J6

BEFORE: APRIL 30TH 1981

WHSB1063

APPENDIX B

1. Do you have a policy/program for helping employees with problems?

yes	☐	
no	☐	if "no" go to question 7

What is it called

Drug and alcohol abuse program?	☐
Employee assistance program?	☐
Other?	☐

2. How are employees made aware of the company policy/program?

3. Does your company policy include:

   A. Procedures for identifying and confronting employees?

   B. Recognition of alcohol and drug abuse as health problems?

   C. A statement that employees will be assisted and not penalized for seeking help?

   D. Statement on the consequences of refusing help?

   E. Means for referral and follow up?

   F. Written policy?

   G. Other?

4. Who is responsible for the program?

   Title:

5. How long have you had a program?

6. In the last five years, or since the program started (whichever is shorter)

   A. How many people have been identified as having a drug or alcohol problem?

   B. How many have accepted treatment/help?

   C. How many have left the company?

   D. How many are considered rehabilitated?

   E. How many dismissed?

7. Are your workers unionized? yes ☐

no ☐

A. Was the union involved in the policy planning? yes ☐

no ☐

program planning? yes ☐

no ☐

B. Are they actively involved in the program? yes ☐

no ☐

C. Other comments:

8. Do you use the services of A.A.D.A.C.? yes ☐ no ☐ 69

A. Advice on Policy?

B. Advice on Program design?

C. Advice on Program implementation?

D. Supervisor training?

E. Counselling employees?

F. Henwood?

G. Other?

9. If you do <u>not</u> use the services of A.A.D.A.C., why?

A. No need?

B. Unaware of what is available?

C. Prefer own program?

D. Other?

10. When an Occupational Health & Safety Officer (Inspector) visits your work site, have you ever discussed drug & alcohol abuse problems with him/her?

11. Was this helpful?

12. Do you think there are ways in which Division of Workers Health & Safety could help with drug & alcohol problems in industry?

If so, what?

13. Would you like more help with your program? From whom?

14. Should Government agencies be involved in drug & alcohol programs?

15. Have you any other ideas on how to deal with the problem?

APPENDIX C

SIZE OF COMPANY BY TYPE OF INDUSTRY

Type of Industry

Number of Employees	Service Industry	Constitution	Engineering	Food Processing	Mining	University College	Manufacturing	Chemical	Gas & Oil	Other	Multiple Activity
1-2	0	2	0	0	0	0	0	0	0	1	0
3-9	25	16	1	1	1	1	4	0	3	31	8
10-19	28	16	1	3	0	1	10	0	1	25	8
20-39	19	17	3	4	0	1	8	0	2	13	6
40-99	11	13	0	1	0	2	9	0	2	11	5
100-199	9	9	0	1	0	2	4	0	3	6	5
200-599	22	15	3	8	1	9	15	3	14	18	10
600+	17	7	1	1	2	5	5	2	20	30	8

APPENDIX D

RESULTS

Appendix D

Analysis of the "Other" Responses to Question "E"

	Response	Frequency
1)	Henwood	12
2)	Medical practitioners	9
3)	Private consultants	4
4)	Alberta Mental Health	2
5)	Renfrew Recovery Centre	2
6)	Clairsholm	4
7)	Detox Centres	1
8)	Centres in U.S.A.	1
9)	Family Services	1
10)	Legal Aid	1
11)	Industrial psychologist on retainer	1
13)	On the spot people employed partially by the union, partially by the corporation	1
14)	Psychological Wing, Holy Cross Hospital	
15)	Calgary Police	1
16)	In-House Programs	2
17)	Omerra Lodge	1
18)	Poundmakers	1
19)	Services in all other provinces	1
20)	Treatment centres	1

21)	Social Services	2
22)	Employee's family	1
23)	Churches	1
24)	Alanon	1
25)	Alateen	1
26)	Alcohol Foundation	1
27)	Crisis Units of local hospitals	1
	Total	56

APPENDIX E

RESULTS

Appendix E

Analysis of "Other" Responses to Question "F"

(Involvement of other agencies)

	Response	Frequency
1)	A.A.	7
2)	Alberta Health Care	2
3)	Unions	3
4)	School counsellors	1
5)	Private agencies	2
6)	A new agency set up specifically to eliminate abuse in industry	2
7)	Churches	2
8)	Police	1
9)	Alberta Mental Health	3
10)	Family Services	1
11)	Public Health Units	1
12)	Private Consultants	2
13)	Poundmakers	1
14)	Employee's family or relatives	2
15)	Every agency and business in the province	2
16)	Henwood	1
17)	Clairsholm	1

18)	Private physician	1
19)	Worker's Compensation Board	1
29)	No more government	1
	Total	37